## Fort Cherry School District

110 Fort Cherry Road McDonald, PA 15057 724.796.1551 phone/724.796.0065 fax

Mr. Thomas J. Samosky, Superintendent Mrs. Jessica Drylie, Business Manager Mr. Eric Lauver, Director of Pupil Services

The children are the focus...working together is the method.

## AUTHORIZATION FOR USE AND/OR DISCLOSURE OF STUDENT INFORMATION

This form authorizes Fort Cherry School District to obtain the following information listed below for the purpose of educational planning. The information will be governed by the laws of confidentiality in the State of Pennsylvania.

vide						
Service Provide						
Servi	Phone No		FAX No			
Student Information	Name		First		Middle	
	Date of Birth		Phone (	)		
	Parent/Guardia	n Name		_ Relationship	0	
Purpose	□ Edu	ıcational Planning 🗆 🗆 Ot	her			
Information to Release	□ Medical Records		□ Psych	☐ Psychological Evaluation		
	□ Psychiatric	☐ Social Developmental History				
	□ Discharge S	☐ Education Report(s) (i.e. ER, IEP, TP)				
	□ Communic	ation Verbal/Written	□ Other			
	HIV-related information contained in the parts of the records indicated above will be released through this authorization unless otherwise indicated.   Do not release					
Parent/Guardian Signature					Date	
Witness					Date	
CONF	FIDENTIAL INFO	RMATION SHOULD BE MAILED	_		LEA:	
Submit to		Mr. Eric Lauver, Director of Fort Cherry School District	rupii Servic	Phone 724.796.1551 ext. 2328		
		110 Fort Cherry Road McDonald PA 15057	Fax 724.356.2769			